ART. XIV.—*Laryngitis; Labour occurring during its Progress; Operation of Laryngo-Tracheotomy.* By G. B. LINDERMAN, M. D., of Mauch Chunk, Pa.

MRS. W. W. B., of Nesquehoning, Carbon County, Pa., mother of two children, at the end of her third gestation was attacked with acute laryngitis. She was first seen by Dr. Richardson, on the 19th of March, 1856, at which time she was suffering all the symptoms of laryngitis, and hourly expecting her confinement. He prescribed to meet the indications at the time. At 10 o'clock of the same day he saw her again, and found the disease increasing. He bled her freely, administered ten grs. hyd. sub. mur., nauseated her with tartar emetic, and applied tobacco cataplasms to the throat. This treatment was continued up to 3 o'clock of the 20th, at which time I first saw her. I found her with a flushed countenance; pulse 110, full and strong; skin hot and dry; inability to lie down; great difficulty of breathing, accompanied with a wheezing noise and a peculiar muffled cough. She could not speak above a whisper. Her bowels not having been moved, an enema was administered, which produced a copious fecal discharge. She was again largely bled, and took grs. ij hyd. sub. mur. every two hours, and kept nauseated with tartar emetic. The fauces were touched with arg. nitr. ℈ij to aqua ℥j. At 6 o'clock P. M. labour pains came on, and five hours afterwards she gave birth to a healthy male child, but with an increase of all her symptoms, and her attending physician thought that she would suffocate. After a desperate effort and violent coughing, some tough mucus was expelled and the paroxysm somewhat relieved. At 5 o'clock P. M. of the 21st of March, we found, to our regret, that all our efforts to arrest the progress of the disease had failed. In fact, she was in the last stage of asphyxia. Her face was purple, eyeballs projecting, veins distended, and lips blue. These alarming symptoms, together with the twitching of the muscles about the eyes, admonished us that death must soon close the scene. After a few minutes' deliberation, we determined to give her the chances of an operation, and accordingly, without loss of time (and with such instruments as are found in an ordinary pocket-case), I proceeded to operate. Placing the patient in the usual position, I commenced an incision along the median line of the thyroid cartilage and continued it to near the sternum, exposing the crico-thyroid membrane and upper part of the trachea. At this stage of the operation copious venous hemorrhage ensued. Three of the largest veins were ligatured, and the incision sponged with iced water, but the blood still continued to flow freely. Fearing that she would expire, I lost no further time in attempting to control the hemorrhage, but opened the cricoid membrane, cricoid cartilage, and first ring of the trachea, when a considerable quantity of coagula, tenacious mucus, and some false membrane were expelled. As soon as one full

inspiration was taken, the hemorrhage ceased. One hour after the operation she was breathing quietly, pulse 90, small and feeble, and surface cold. The chest was covered with warm flannel cloths, and bottles filled with warm water were put to the extremities. At 8 o'clock P. M. she slept quietly.

The following notes will show the further progress of the case, and treatment of the same until recovery:—

March 22. Six o'clock A. M. Patient has slept some through the night and coughed considerably, expelling large quantities of tenacious mucus and false membrane. The incision was kept open by means of blunt hooks, and the expectoration removed with a small sponge mop. Six o'clock P. M., patient much the same except that the bowels are running off too freely; ordered opium to restrain bowels, and allowed beef-tea.

23*d*. Ten o'clock A. M. Slight ptyalism; complains of pain in the muscles about the chest and shoulders; system irritable; pulse 125; bowels tender to the touch, with some pain; secretion more profuse, but not so tenacious. There is also a limited secretion of milk. Allowed beaf-tea and gum-water to drink, and gave neutral mixture and morphia. Ten o'clock P. M. Swelling about the neck much diminished. Patient has slept most of the afternoon. Introduced a silver canula, dressed the wound with simple cerate, and covered dressing with oil silk. Continue beef-tea and gum-water.

20*th*. Wound is granulating; swelling nearly gone; respiration 30; pulse 110; tongue furred. Ordered bowels to be opened with citrate magnesia.

30*th*. Patient had continued to improve up to last evening, at which time she was seized with a protracted paroxysm of coughing and an abundant bronchial secretion. Her pulse is now 125; respiration 32; skin hot and dry; countenance anxious and dejected; tongue furred and moist. Ordered sulph. quinia grs. ij, pulv. opii gr. j, every three hours till she is composed, when the opium is to be omitted, and the quinia continued with neutral mixture.

31*st*. Pulse 95, respiration 25. Patient asked for, and allowed chicken-tea. She is now for the first time troubled with food lodging in the glottis when swallowing; but this is obviated by placing the finger over the tube when swallowing. Seems quiet and composed. Expectoration difficult on account of air passing through the glottis, which renders that through the tube less expulsive. Her tongue being furred, ordered grs. v mass. hyd., to be followed in the morning with cit. mag. and the following mixture: Syr. senega and spts. nitr. dulc. āā ℥j; tartar emetic gr. ½. Mix. A teaspoonful of which to be taken once in four hours.

Patient continued to improve up to 21st of April, when the tube was expelled during a paroxysm of coughing. The wound was allowed to heal.

May 20. The only vestige of the disease that now remains is the cicatrix. She speaks distinctly in a low tone, but cannot elevate her voice to any extent.